

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

MCCAIN-PALIN VICTORY 2008

ADDRESS (number and street)

228 S. WASHINGTON STREET

SUITE 115

☐Check if different
than previously
reported. (ACC)

ALEXANDRIA

VA

22314

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00453738

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☒July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2009

through

06

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

LISA LISKER

Signature of Treasurer

Electronically Filed by LISA LISKER

Date

07

15

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 29

Write or Type Committee Name
MCCAIN-PALIN VICTORY 2008

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2009	7278573.42
(b) Cash on Hand at Beginning of Reporting Period	826338.47	
(c) Total Receipts (from Line 19)	0.00	59773.96
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	826338.47	7338347.38
7. Total Disbursements (from Line 31)	556861.65	7068870.56
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	269476.82	269476.82
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 29

Write or Type Committee Name

MCCAIN-PALIN VICTORY 2008

Report Covering the Period:

From:

M M
0 4D D
0 1Y Y Y Y
2 0 0 9

To:

M M
0 6D D
3 0Y Y Y Y
2 0 0 9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	-24010.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	0.00	2009.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	-22001.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	100.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	0.00	-21901.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	81674.96
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	0.00	59773.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	0.00	59773.96

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	474681.40	882239.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	474681.40	882239.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	5994644.42
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	60176.00	166417.00
(b) Political Party Committees	0.00	1000.00
(c) Other Political Committees (such as PACs)	1000.00	1000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	61176.00	168417.00
29. Other Disbursements.....	21004.25	23569.25
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	556861.65	7068870.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	556861.65	7068870.56

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	0.00	-21901.00
34. Total Contribution Refunds (from Line 28(d))	61176.00	168417.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	-61176.00	-190318.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	474681.40	882239.89
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	81674.96
38. Net Operating Expenditures (subtract Line 37 from Line 36)	474681.40	800564.93

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS-MERCHANT	Transaction ID: SB.21 Date of Disbursement																				
Mailing Address PO BOX 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	1		2	0	0	9												
City PHOENIX State AZ Zip Code 85072	Amount of Each Disbursement this Period																				
Purpose of Disbursement MERCHANT FEES	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>100.00</td> </tr> </table>																				100.00
									100.00												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) CHAIN BRIDGE BANK	Transaction ID: SB.1 Date of Disbursement																				
Mailing Address 1445-A LAUGHLIN AVE.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	0	9												
City MCLEAN State VA Zip Code 22101	Amount of Each Disbursement this Period																				
Purpose of Disbursement BANK FEES	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>43.41</td> </tr> </table>																				43.41
									43.41												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) CHAIN BRIDGE BANK	Transaction ID: SB.24 Date of Disbursement																				
Mailing Address 1445-A LAUGHLIN AVE.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	5		2	0	0	9												
City MCLEAN State VA Zip Code 22101	Amount of Each Disbursement this Period																				
Purpose of Disbursement MERCHANT FEES	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>22.25</td> </tr> </table>																				22.25
									22.25												
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

165.66

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PIKE

City
FALLS CHURCH

State
VA

Zip Code
22043

Purpose of Disbursement
JFC DATA PROCESSING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.15

Date of Disbursement

04 / 27 / 2009

Amount of Each Disbursement this Period

2617.07

B.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PIKE

City
FALLS CHURCH

State
VA

Zip Code
22043

Purpose of Disbursement
JFC DONOR LIST MAINTENANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.16

Date of Disbursement

06 / 23 / 2009

Amount of Each Disbursement this Period

726.81

C.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PIKE

City
FALLS CHURCH

State
VA

Zip Code
22043

Purpose of Disbursement
JFC SOFTWARE LICENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.19

Date of Disbursement

04 / 27 / 2009

Amount of Each Disbursement this Period

1529.55

SUBTOTAL of Disbursements This Page (optional)

4873.43

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) EDONATION	Transaction ID: SB21.26 Date of Disbursement																				
Mailing Address 118 N. ST. ASAPH ST.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	1		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement JFC CREDIT CARD PROCESSING Candidate Name	<table border="1"> <tr> <td colspan="10">1750.00</td> </tr> </table>	1750.00																			
1750.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) FEDEX	Transaction ID: SB.18 Date of Disbursement																				
Mailing Address PO BOX 371461	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	7		2	0	0	9												
City PITTSBURGH State PA Zip Code 15250	Amount of Each Disbursement this Period																				
Purpose of Disbursement JFC SHIPPING Candidate Name	<table border="1"> <tr> <td colspan="10">7.06</td> </tr> </table>	7.06																			
7.06																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) HUCKABY DAVIS LISKER INC.	Transaction ID: SB.13 Date of Disbursement																				
Mailing Address 228 S. WASHINGTON ST., STE. 115	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	7		2	0	0	9												
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement JFC ACCOUNTING/COMPLIANCE Candidate Name	<table border="1"> <tr> <td colspan="10">8151.82</td> </tr> </table>	8151.82																			
8151.82																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

9908.88

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial)
HUCKABY DAVIS LISKER INC.

Mailing Address 228 S. WASHINGTON ST., STE. 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
JFC ACCOUNTING/COMPLIANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.14

Date of Disbursement

06 / 23 / 2009

Amount of Each Disbursement this Period

8050.02

B. Full Name (Last, First, Middle Initial)
JOHN MCCAIN 2008

Mailing Address PO BOX 16118

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement
DIRECT MAIL/EMAIL LIST USAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.11

Date of Disbursement

06 / 11 / 2009

Amount of Each Disbursement this Period

433581.32

C. Full Name (Last, First, Middle Initial)
MCCAIN PALIN 2008

Mailing Address PO BOX 16118

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement
REIMB-STAFF TIME

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.76

Date of Disbursement

06 / 11 / 2009

Amount of Each Disbursement this Period

11788.85

SUBTOTAL of Disbursements This Page (optional)

453420.19

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) MCGLADREY & PULLEN	Transaction ID: SB.12 Date of Disbursement																				
Mailing Address 5155 PAYSHERE CIRCLE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	7		2	0	0	9												
City CHICAGO State IL Zip Code 60674	Amount of Each Disbursement this Period																				
Purpose of Disbursement JFC ACCOUNTING/COMPLIANCE Candidate Name	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) NOVA	Transaction ID: SB.22 Date of Disbursement																				
Mailing Address 7300 CHAPMAN HWY.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	2		2	0	0	9												
City KNOXVILLE State TN Zip Code 37920	Amount of Each Disbursement this Period																				
Purpose of Disbursement MERCHANT FEES Candidate Name	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
50.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) NOVA	Transaction ID: SB.23 Date of Disbursement																				
Mailing Address 7300 CHAPMAN HWY.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	4		2	0	0	9												
City KNOXVILLE State TN Zip Code 37920	Amount of Each Disbursement this Period																				
Purpose of Disbursement MERCHANT FEES Candidate Name	<table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table>	50.00																			
50.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

5100.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) NOVA	Transaction ID: SB.25 Date of Disbursement																				
Mailing Address 7300 CHAPMAN HWY.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	9		2	0	0	9												
City KNOXVILLE State TN Zip Code 37920	Amount of Each Disbursement this Period																				
Purpose of Disbursement MERCHANT FEES	<table border="1"> <tr> <td colspan="10">295.00</td> </tr> </table>	295.00																			
295.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) SOVEREIGN SERVICES OF HOUSTON	Transaction ID: SB.17 Date of Disbursement																				
Mailing Address PO BOX 460105	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	5		2	0	0	9												
City HOUSTON State TX Zip Code 77056	Amount of Each Disbursement this Period																				
Purpose of Disbursement JFC PARKING	<table border="1"> <tr> <td colspan="10">238.15</td> </tr> </table>	238.15																			
238.15																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) VERIZON	Transaction ID: SB.20 Date of Disbursement																				
Mailing Address PO BOX 15124	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	8		2	0	0	9												
City ALBANY State NY Zip Code 12212	Amount of Each Disbursement this Period																				
Purpose of Disbursement JFC TELEPHONE	<table border="1"> <tr> <td colspan="10">680.09</td> </tr> </table>	680.09																			
680.09																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1213.24

TOTAL This Period (last page this line number only)

474681.40

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) MRS. MARIE B. AGEE	Transaction ID: SB28A.2966103 Date of Disbursement
Mailing Address 2624 BUTTEWOODS DR	<div> <div>06</div> <div>11</div> <div>2009</div> </div>
City BIRMINGHAM State AL Zip Code 35242-4402	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION REFUND	<div>250.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) RONN BISBEE	Transaction ID: SB28A.2966063 Date of Disbursement
Mailing Address P.O. BOX 769	<div> <div>06</div> <div>11</div> <div>2009</div> </div>
City DANA POINT State CA Zip Code 92629-0769	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION REFUND	<div>500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) WILLIAM BROOKS	Transaction ID: SB28A.2966106 Date of Disbursement
Mailing Address 12406 KING	<div> <div>06</div> <div>11</div> <div>2009</div> </div>
City OVERLAND PARK State KS Zip Code 66213-2122	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION REFUND	<div>250.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial)
MR. CHARLES DAVID BURKE

Mailing Address 1613 HARVARD STREET NW #510

City
WASHINGTON

State
DC

Zip Code
20009-3714

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.2966034

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

B. Full Name (Last, First, Middle Initial)
MR. RICHARD CARVILL

Mailing Address 111 HEKILI ST. SUITE 109

City
KAIULA

State
HI

Zip Code
96734-2800

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.2966113

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

C. Full Name (Last, First, Middle Initial)
DANA DEUPREE

Mailing Address P.O. BOX 160

City
OZONA

State
FL

Zip Code
34660-0160

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.2966096

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)

MR. ALLEN DRUCKER

Mailing Address P.O. BOX 15005

City
NEWPORT BEACH

State
CA

Zip Code
92659-5005

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.2966081

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

JIM GIBLER

Mailing Address 1208 HUTCHINSON AVENUE

City
OTTUMWA

State
IA

Zip Code
52501-9732

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.2966082

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

MR. H.W. GILLILAND

Mailing Address 5404 NORTH 5TH STREET

City
MCALLEN

State
TX

Zip Code
78504-2705

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.2966083

Date of Disbursement

/ /

Amount of Each Disbursement this Period

225.00

SUBTOTAL of Disbursements This Page (optional)

1725.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 / 29

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)

MR. GARY GRANOFF

Mailing Address 2 FIR DRIVE

City
GREAT NECKState
NYZip Code
11024-1529Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.2966119

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

MR. ERIC HALTINER

Mailing Address 1701 SOUTH RIVERSIDE DRIVE

City
EDGEWATERState
FLZip Code
32132-3632Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.2966087

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	9

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

DAVID HAMPTON

Mailing Address 5668 SHOAL CREEK DRIVE

City
HAYMARKETState
VAZip Code
20169-3113Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.2966115

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	9

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

6250.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)

STUART KAPERST

Mailing Address 180 EAST 79TH ST.
10F

City NEW YORK State NY Zip Code 10075-0569

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.2966100

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

MS. NATALIE T. KEATING

Mailing Address 700 CORAL WAY # 2

City CORAL GABLES State FL Zip Code 33134-4868

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.2966071

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	9

Amount of Each Disbursement this Period

400.00

C.

Full Name (Last, First, Middle Initial)

LORI KENNERSON

Mailing Address 1801 DRIFTWOOD CIR

City PALMER State AK Zip Code 99645-9618

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.2966139

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	9

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1900.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) VINTON LIDE Mailing Address POST OFFICE BOX 2189	Transaction ID: SB28A.2966076 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 1 / 2 0 0 9</div> </div>
City LEXINGTON State SC Zip Code 29071-2189 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>250.00</div>
B. Full Name (Last, First, Middle Initial) MRS. DIANE MALLOZZI Mailing Address 501 BELL LANE City MAPLE GLEN State PA Zip Code 19002-2830 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2966117 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 1 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1000.00</div>
C. Full Name (Last, First, Middle Initial) MR. JOSEPH MALLOZZI Mailing Address 501 BELL LANE City MAPLE GLEN State PA Zip Code 19002-2830 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.2966118 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 1 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1000.00</div>

SUBTOTAL of Disbursements This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

MCCAIN-PALIN VICTORY 2008

State: District:

500.00

State: District:

4500.00

State: District:

250.00

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 / 29

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)

MICHAEL MOULTON

Mailing Address P.O. BOX 1615

City
CARMELState
CAZip Code
93921-1615Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.2966111

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

B.

Full Name (Last, First, Middle Initial)

HARMON QUINT

Mailing Address 5274 NEW COLUMBIA ROAD

City
METROPOLISState
ILZip Code
62960Purpose of Disbursement
VOID REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SA28.V02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	0	9

Amount of Each Disbursement this Period

-100.00									
---------	--	--	--	--	--	--	--	--	--

C.

Full Name (Last, First, Middle Initial)

STEPHANIE ROSENDAHL

Mailing Address 405 BROOKS HOLLOW

City
AUSTINState
TXZip Code
78734-3479Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.2966091

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	0	9

Amount of Each Disbursement this Period

250.00									
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SUBTOTAL of Disbursements This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) MR. ALLAN THOMPSON	Transaction ID: SB28A.2966035 Date of Disbursement
Mailing Address 4444 GREENE STREET APARTMENT 222	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 2 / 2 0 0 9</div> </div>
City SAN DIEGO State CA Zip Code 92107-1452	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION REFUND	<div>2300.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) TED TYLMAN	Transaction ID: SB28A.2966107 Date of Disbursement
Mailing Address 5791 S PAINTED CANYON DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 1 / 2 0 0 9</div> </div>
City GREEN VALLEY State AZ Zip Code 85622-8100	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION REFUND	<div>1000.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) TED TYLMAN	Transaction ID: SB28A.2966108 Date of Disbursement
Mailing Address 5791 S PAINTED CANYON DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 1 / 2 0 0 9</div> </div>
City GREEN VALLEY State AZ Zip Code 85622-8100	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION REFUND	<div>1000.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4300.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 / 29

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A.	Full Name (Last, First, Middle Initial) RONALD VELASCO			Transaction ID: SB28A.2966088 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 9	
	Mailing Address P.O. BOX 1864				
	City TRAVIS AFB	State CA	Zip Code 94535-0864	Amount of Each Disbursement this Period 250.00	
	Purpose of Disbursement CONTRIBUTION REFUND			Category/ Type	
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B.	Full Name (Last, First, Middle Initial) BICO ASSOCIATES, L.L.C.			Transaction ID: SB28A.2966026 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 9	
	Mailing Address 100 PEABODY PLACE SUITE 1400				
	City MEMPHIS	State TN	Zip Code 38103-3648	Amount of Each Disbursement this Period 300.00	
	Purpose of Disbursement CONTRIBUTION REFUND			Category/ Type	
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C.	Full Name (Last, First, Middle Initial) BROWN MCCARROLL, L.L.P.			Transaction ID: SB28A.2966007 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 9	
	Mailing Address 111 CONGRESS AVENUE SUITE 1400				
	City AUSTIN	State TX	Zip Code 78701-4093	Amount of Each Disbursement this Period 5000.00	
	Purpose of Disbursement CONTRIBUTION REFUND			Category/ Type	
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

5550.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) CLINICMATE L.L.C.	Transaction ID: SB28A.2966006 Date of Disbursement
Mailing Address 901 23RD STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 1 / 2 0 0 9</div> </div>
City ANSON State TX Zip Code 79501-7127	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION REFUND	<div>1000.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) COLONIAL TITLE COMPANY	Transaction ID: SB28A.2966029 Date of Disbursement
Mailing Address 7733 BALLANTYNE COMMONS PKWY # 101	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 1 / 2 0 0 9</div> </div>
City CHARLOTTE State NC Zip Code 28277-2442	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION REFUND	<div>500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) MARQUISE'S INVESTMENTS LLC	Transaction ID: SB28A.2966024 Date of Disbursement
Mailing Address 9270 SW 93RD AVENUE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 1 / 2 0 0 9</div> </div>
City MIAMI State FL Zip Code 33176-2040	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION REFUND	<div>250.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 29

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) P.L. & C., L.L.C.	Transaction ID: SB28A.2966031 Date of Disbursement
Mailing Address 168 N MERAMEC STE 400	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 1 / 2 0 0 9</div> </div>
City SAINT LOUIS State MO Zip Code 63105-3758	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION REFUND	<div>10000.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) SANDRAX LLC	Transaction ID: SB28A.2966022 Date of Disbursement
Mailing Address 1740 VISCONTI DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 1 / 2 0 0 9</div> </div>
City SANDY State UT Zip Code 84093-6316	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION REFUND	<div>500.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) SERT L.L.C.	Transaction ID: SB28A.2966017 Date of Disbursement
Mailing Address P.O. BOX 5930	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 1 / 2 0 0 9</div> </div>
City SHREVEPORT State LA Zip Code 71135-5930	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION REFUND	<div>500.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 / 29

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) STRADLEY RONON STEVENS & YOUNG, L.L.P.	Transaction ID: SB28A.2966009 Date of Disbursement
Mailing Address 2600 ONE COMMERCE SQUARE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 1 / 2 0 0 9</div> </div>
City PHILADELPHIA State PA Zip Code 19103-7018	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION REFUND	<div>1500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) THE MEISTER GROUP LLC	Transaction ID: SB28A.2966008 Date of Disbursement
Mailing Address 5 DOGWOOD LANE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 1 / 2 0 0 9</div> </div>
City LAWRENCE State NY Zip Code 11559-1820	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION REFUND	<div>500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) WHITEWATER IRRIGATION	Transaction ID: SB28A.2966052 Date of Disbursement
Mailing Address 1078 N HWY 191	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 2 / 2 0 0 9</div> </div>
City COCHISE State AZ Zip Code 85606-8647	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION REFUND	<div>500.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)

WYNDHAM BAY HOLDINGS, L.L.C.

Mailing Address 14 WYNDHAM DRIVE

City
BAY HEAD

State
NJ

Zip Code
08742-4652

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB28A.2966019

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

WYNDHAM BAY HOLDINGS, L.L.C.

Mailing Address 14 WYNDHAM DRIVE

City
BAY HEAD

State
NJ

Zip Code
08742-4652

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB28A.2966020

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

47125.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A.

Full Name (Last, First, Middle Initial)

THE COMMITTEE TO ELECT RUTH JOHNSON

Mailing Address 909 CHOCTAW AVE.

City
NORTH LAS VEGAS

State
NV

Zip Code
89031

Purpose of Disbursement
VOID REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SA28.V01

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-1000.00

B.

Full Name (Last, First, Middle Initial)

THE COMMITTEE TO ELECT RUTH JOHNSON

Mailing Address 909 CHOCTAW AVE.

City
NORTH LAS VEGAS

State
NV

Zip Code
89031-1853

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB28C.2966004

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial)
ARIZONA NATL. GUARD EMERGENCY RELIEF FUND

Mailing Address 5636 E. MCDOWELL RD.

City PHOENIX State AZ Zip Code 85008

Purpose of Disbursement
CHARITABLE CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.3

Date of Disbursement

05 / 05 / 2009

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
CARE FOR KIDS

Mailing Address PO BOX 9895

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
CHARITABLE CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.6

Date of Disbursement

05 / 19 / 2009

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
CENTRAL ARIZONA BLUE STAR MOMS

Mailing Address 3055 E. DES MOINES ST.

City MESA State AZ Zip Code 85213

Purpose of Disbursement
CHARITABLE CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.2

Date of Disbursement

05 / 05 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input checked="" type="checkbox"/>	29	<input type="checkbox"/>	30b

MCCAIN-PALIN VICTORY 2008

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 29

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MCCAIN-PALIN VICTORY 2008

A. Full Name (Last, First, Middle Initial) PACKAGES FROM HOME	Transaction ID: SB.7 Date of Disbursement																				
Mailing Address PO BOX 5066	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	8		2	0	0	9												
City SCOTTSDALE State AZ Zip Code 85261	Amount of Each Disbursement this Period																				
Purpose of Disbursement CHARITABLE CONTRIBUTION	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) THE NEIGHBORHOOD CHRISTIAN CLINIC	Transaction ID: SB.10 Date of Disbursement																				
Mailing Address 1929 W. FILLMORE ST., BLDG. C	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	8		2	0	0	9												
City PHOENIX State AZ Zip Code 85009	Amount of Each Disbursement this Period																				
Purpose of Disbursement CHARITABLE CONTRIBUTION	<table border="1"> <tr> <td>1504.25</td> </tr> </table>	1504.25																			
1504.25																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS	Transaction ID: SB.4 Date of Disbursement																				
Mailing Address 1777 F ST., NW 6TH FLOOR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		0	5		2	0	0	9												
City WASHINGTON State DC Zip Code 20006	Amount of Each Disbursement this Period																				
Purpose of Disbursement CHARITABLE CONTRIBUTION	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4504.25

TOTAL This Period (last page this line number only)

21004.25